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	Application Number	10/786,873					
	Filing Date	February 25, 2004 M. Kieturakis et al. 3731					
	First Named Inventor						
	Art Unit						
	Examiner Name	Dawson, Glenn K.					
	Attorney Docket Number	2497 CIP 3 CON 4					
	Attorney Docket Number						

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR ✓ I hereby appoint the practitioners associated with the C					Customer Number: 50855				
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The address associated with Customer Number:				50855	50855				
OR			the Advisor Department De						
	Firm <i>or</i> Mark Farber, Vice President, Intellectual Property Individual Name								
Address United States Surgical, a division of 195 McDermott Road				Healthcare Group LP					
City		North Haven		State	State CT			Zip	06473
Country		United States of America							
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
Signature Signature Signature Signature									
Name Alan R. Cartten, Assistant Secretary									
Date		3/16/0	26	1	Telephone (203) 845-1156				
NOTE: Signatures of at the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms signature is required, see below.							e forms if more than one		
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		assisted by 27 CED 1 36	The information is requ	uired to ob	stain or reta	ain a bei	nent by the pub	HIC WRICH	15 to the faire by the OOF IC

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMENT UNDER 37 CFR 3.73(b)						
O PADEMISTO						
Applicant/Patent Owner: General Surgical Innovations, Inc.						
Application No./Patent No.: 10/786,873 Filed/Issue Date: February 25, 2004						
Entitled:						
General Surgical Innovations. Inc. , a Corporation (Type of Assignee, e.g., corporation, partner of Assignee)	ership, university, government agency, etc.)					
states that it is: 1. The assignee of the entire right, title, and interest; or						
an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is%						
in the patent application/patent identified above by virtue of either:						
A An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 8158 , Frame 0903 , or for which a copy thereof is attached.						
OR B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as s below:						
1. From:To:To:The document was recorded in the United States Patent and Trademark Off	ico at					
The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.						
2. From:	tice at ereof is attached.					
To:						
3. From:						
Additional documents in the chain of title are listed on a supplemental sheet.						
Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]						
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.						
The undersigned (whose the loopping som)	5/2/06					
Signature	Date					
Alar R. Carlton Printed or Typed Name	Telephone Number					
Finited of Typod Additio						
Assistant Secretary Title						

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